

# MORAL INSANITY.

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SINCE early in the present century, the existence of such a form of mental disease as moral insanity has been one of the most unsettled questions of psychological medicine. At the present day there seem to be two prominent tendencies of opinion in regard to this subject. On the one hand, a large number, and in this country certainly a majority, of alienists deny its existence, and declare that all the cases that have been adduced of so-called moral insanity, are either instances of responsible depravity, or else of ordinary insanity with intellectual aberrations in which the moral symptoms were only predominant. On the other hand, there is a very marked tendency among another class of investigators and writers to refer all or a large part of the criminality in this world to physical deficiencies rendering their subjects to a greater or less extent irresponsible. Between these two extremes stand a class respectable in numbers, and still more so in scientific authority, who, admitting the existence of moral responsibility in the great majority of cases of crime,

still feel compelled to recognize that under a certain circumstances it may be lacking while the intellectual power may be unimpaired. The great importance of the subject in very many practical relations, as well as its scientific interest, renders this lack of agreement among authorities the more deplorable, and furnishes ample excuse for any honest attempt to throw light upon the subject. It is the object of the present paper to present some arguments, perhaps not altogether new, that seem to favor the existence of this form of disease, and to notice some of the objections that have been urged against it.

It has been usual in the treatment of this question, for writers to depend upon what I may call the clinical method, to bring forward illustrative cases and to analyze and discuss them, and to attempt to establish the theory on the strength of the facts. This method is, I think, responsible for the prevalent rejection of the doctrine of moral insanity at the present day. To depend upon facts not absolutely conclusive in themselves, for the establishment of the existence of a condition so ambiguous in many respects as is what we call moral insanity, when the interpretation of these facts is subject, in the case of every one who attempts it, to be vitiated by mental idiosyncracies, prepossessions, and prejudices, is hardly the best method of insuring the general acceptance of a doctrine against which, at first sight to many minds, society seems to be on its self-defence. There is comparatively little deductive reasoning met with in these discussions, and, though the psychological aspects of the question are not altogether neglected, they are too often introduced only secondarily, and are sometimes accompanied with an apology, as if they were an altogether needless digression. But if the possibility of the occurrence of moral insanity can be established on unquestionable psychological and physiological grounds, the question is decided, whether a single one of the cases reported was a genuine instance of the disease or not. And to shift the burden of proof on the other side, I think that at the very worst, it cannot be demonstrated that there is any *a priori* impossibility of its occurrence.

The first essential in the discussion of any question at all abstract in its nature, is a definition of the terms employed. This is especially needful in the present case. One has only to listen to a discussion on moral insanity by able men, to become painfully aware of the confusion of terms, and consequently, of ideas, that is extant in regard to the subject. The phrase itself is a somewhat unfortunate one, and has been often objected to as ambiguous and ill-chosen. It is, however, sanctioned by long usage, and is better than many of the substitutes that have been proposed for it, in that it is sufficiently indefinite to cover the whole of the very comprehensive conception, and it is only by a degree of mental strain that it can be made to cover any other. No one thinks we mean depravity when we speak of moral insanity, for the word insanity carries with it in the average mind the idea of legal irresponsibility, the reverse of which is the essential condition of depravity as ordinarily understood. For present purposes, the word "insanity" may be defined as disease of the brain, producing disordered action of the mind. In this definition the word mind is employed in its generic sense, including all our mental faculties, and the brain is considered as its instrument through which it is acted upon by, and reacts upon matter. The somatic theory of insanity here indicated, is the one now generally accepted by alienists,—at all events, it is not among its opponents that we find some of the strongest objectors to the doctrine of moral insanity.

The word "moral" is even vaguer and more difficult to define than insanity. Its meaning has been stated to be "relating to conscience or duty, to right and wrong." In a secondary sense derived from the above it is often used as opposed to "intellectual;" thus we speak of "moral character," "moral habits," "moral nature," "moral faculties," as opposed to "intellectual nature," "intellectual faculties," etc. It is in this sense that it is used as a prefix to insanity,—by moral insanity we mean something different from intellectual insanity, an insanity affecting our moral faculties. We mean by this term a disease of the brain affecting alone its functions as the organ of the moral nature, disordering the capacity to receive moral impressions and the ability to control conduct for moral ends.

This includes the so-called impulsive insanity, in which the intellect is unaffected, as well as that form in which the moral impressibility is diseased.

In order to demonstrate the possibility of disease affecting the moral faculty alone, it is needful first to prove that this faculty exists, and that it exists separate from those of the intellect. If, as is often asserted by psychologists, and this is one of the main supports of the disbelievers in this form of mental disease, the moral and intellectual portions of our nature are so inseparably connected that one cannot be affected in any way without the implication of the other, there can of course be no such thing as moral insanity. Our intellectual faculties, however, are only modes of mental activity, logical processes based upon our sense impressions, our feelings or our emotions. We can hardly imagine any great degree of intellectual development with the absence or suppression of the more important routes of sensations to our consciousness, the occasional observation of a Caspar Hauser or a Laura Bridgeman, shows both the possibilities and impossibilities in this direction. I do not use the word "intuitions" here for I am not sure that we can consider that, properly speaking, we have such, or at least, that an intuition is anything else than a form of intellectual activity based upon some precedent feeling or mental state, and to use the term here would introduce a knotty question of no profit in the present discussion. To possess an intuition seems to me to require a certain degree of mental activity, the essential distinction of everything intellectual, from the simplest cognition up to the most abstract thought. The word "intellectual" always implies action of the mind. It is different, however, with our sensations and our simpler emotions and feelings, which are essentially passive—they are mental states which we may endure without actually calling anything into action.<sup>1</sup> They are the causes of mental activity, however, and primarily the sole causes, for if we trace back the motives of the activities of the human intellect, we are certain to find something else than intellectual

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<sup>1</sup> This, of course, only applies to our rudimentary emotions, which, indeed, are very difficult to separate from our sensations. Our ordinary emotions, as they are usually experienced, are very complex in their nature and largely made up of intellectual elements.



action as the ultimate cause, there is nothing in psychology that requires us to consider the human intellect as a self-originating and self-perpetuating activity, dependent upon self alone, the one example of perpetual motion in the universe outside of the attributes of Deity. Yet this seems to be the necessary conclusion, if we maintain the dependency, or the intimate primary union of the moral faculty and the intellect. We cannot speak of a moral perception without first inferring a moral impression, or of moral judgments without admitting premises upon which they are based. And as we can have no perception varying from the impression that produced it, and no conclusion that is not contained in its premises, it seems impossible to escape the admission that we have among our senses and feelings some special faculty that arouses in us a perception of right and wrong, and which we may call a moral sense, analogous to our sensations in many respects, but belonging probably to that class of inner senses or feelings, or rudimentary emotions which, as we have said before, are very difficult to separate from our external sensations in any classification of our mental states.

Whether we consider this moral sense as a primary feeling, as seems probable, for many reasons, or as a derivative one composed of still more elementary feelings, or as a necessary sequent of some other state, it does not materially alter the case, as regards the present question of moral insanity. The principle, that there can be no conclusion that is not contained in its premises, is valid in every case. But leaving this out of the account, the question is a practical one, and the sense of moral rightness, as possessed by every normal individual, is to him primary, and it is only by an intellectual effort and a somewhat elaborate process of reasoning, founded in part on assumptions, that it can be made to appear otherwise to him. The latest advocates of the utilitarian theory of morals, for example, do not hold that every man evolves his own ideas of right and wrong from his own sense of happiness or utility, but that our present sense of right and wrong is the result of the long experience of the race, and is beyond the power of invention of the individual, or, in the language of Mr. Spencer, "the experiences of utility, organized and consolidated

through all past generations of the human race, have been producing corresponding modifications, which, by continued transmission and accumulation, have become in us certain faculties of moral intuition, certain emotions responding to right and wrong conduct, which have no apparent basis in the individual experiences of utility." Admitting this, we have then here the materials for moral judgments, but not the judgments themselves, feelings acquired, it may be, originally through intellectual action, but now mere mental states, involving in the individual no intellection, properly speaking, in the mere fact of experiencing them. Moreover, according to the evolution theory, with which this utilitarian doctrine is intimately connected, they are necessitated by inherited modifications of structure, and belong to the same class of phenomena as animal instincts, which are also to be considered as inherited experiences, and, at the same time, physiological necessities induced by structure. Certainly, no one, in the ordinary use of language, as in writing or speaking on medical subjects, will call the instincts a part of our intellectual nature.

I have probably said enough in regard to the distinction between the moral and intellectual faculties, but for the sake of clearness, it will be well to review the psychological argument. It may be summarized as follows: The intellect is essentially active; activity is the sole condition of its existence. The simplest intellectual product is an idea, or a judgment, which must be based on premises necessarily antecedent to the act. These premises we find in our sensations and feelings, which are as essentially passive as the intellect is active, and which, being primarily antecedent to intellectual activity, must be independent of it. We cannot speak of moral perceptions or moral judgments without inferring preceding moral impressions or premises, which we find in the moral feeling, or sense that is found in every normal individual. Whether this feeling is primary, or the result of development in the race, the case is the same; it is primary in the individual and can not be subjectively analyzed into simpler elements, any more than any other of our simple feelings or sensations.

I have not mentioned the physiological and pathological

evidence of the independence of the intellectual and moral faculties. They will be noticed when I come to speak of their disorders. But on psychological grounds, merely, it appears to me there is no valid argument in favor of their mutual interdependence. The intellect depends upon the sensations and feelings, including in the more highly developed beings, the moral sense, but the latter may be passively endured without any intellectual action whatever.

If we have a distinct moral sense, coming into the general category of our sensations and simpler feelings, there is every reason, from analogy, to believe that it may suffer disorders, be pathologically exalted, suppressed, or perverted; that we may have either moral hyperæsthesias, moral anæsthesias or hallucinations. If, on the other hand, our so-called moral sense is an acquired instinct, the result of inherited experience, the probabilities are very little altered, instincts are also liable to undergo alterations from disease, and we have, in this case, almost an absolute certainty of occasional pathological reversions toward the original undeveloped type, and congenital deficiencies from defect of development. The parallelism between this moral sense and our other senses will, perhaps, be more apparent when we consider that in cases of perversion of these latter it is not usually the functions of the external apparatus that are disordered, but those of the inner organs, between the external ones and the perceptive centers. These organs are not as yet matters of anatomical demonstration, but it is a physiological certainty that they exist. For example, when a leg is amputated, its sensational organs still remain in the central nervous system, and the subject may have a tactual hallucination referred to the toe of the lost member, with, at the same time, a perfect visual perception and intellectual consciousness of the absence of the limb. Hallucinations of sight, very vivid in their appearance of reality, may often be voluntarily produced by opening the eyes in a perfectly dark cave or mine, where the physical conditions are equally such as to absolutely prevent any exercise of the functions of the external organs of the sense involved.

Now as our simpler emotions, or feelings, or inner sensations, precede our perceptions of them, whatever their source

may be, they must necessarily act through some cerebral organs below (in a physiological sense,) the perceptive centres, and these organs, like every other portion of the brain, must at times necessarily be subject to disease. The organs being diseased the result must be disordered function, a morbid product of emotion, or sensation, being the consequence of the imperfection of the instrument. The existence of these organs ought not to require any elaborate argument for its proof. No one will think of denying that the body generally is the instrument of the mind, in all the relations of the latter with the world about us, the bones forming its frame-work and all its active organs, the muscles, viscera, etc., performing their functions under the direction of the nerves, and these again receiving their controlling impulses from the highest nervous centre, the brain, which, in one sense, is the microcosm of the whole physical organism, and it would be an altogether unreasonable error to stop at first sight of this great mechanism, this complex of cells and fibres, the arrangement of which we can follow out with the microscope, and to introduce here an element of mystery. Mechanism always implies function, and *vice versa*, and as we consider the brain the organ of the mind, and necessarily of all its functions, the greater including the less, so in this complication of ganglion cells and commissural fibres, etc., we naturally look for the apparatus by means of which the receptive capacity and motive power of the mind is put in relation with the external world. We have, indeed, an approximative idea of the parts of the brain in which these receptive centres are to be looked for; physiologists, or at least the majority of them, are inclined at present to consider the cortex of the middle and posterior lobes of the brain as the seat of emotion and sensation. The *corpora vili*, which we are obliged to use for our experiments, are not, it is true, such as will best serve for the elucidation of the cerebral localities directly exercised by the higher feelings, or simpler emotions, though we are able to localize the sensory centres. The only emotional centre (or centre that could be called in any way emotional,) that Ferrier was able to localize was that for the sexual feeling; but this is a very important one. The result of the removal of the occipital lobes in monkeys was



apparently a loss of the sense of hunger, hence he concludes that the organic sensations (as Bain has called them) which differ from the tactile sensations, and of which hunger is one of the chief, may have here their cerebral seat. Now these organic or visceral sensations are, apparently, much more nearly connected by a reciprocal relation with our emotional than our intellectual states, and to the former, than are our general tactile or special senses. We cannot, for example, stop our heart or derange our digestion directly by an act of the will, but an emotional shock may do either, and, on the other hand, more real mental depression and emotional aberration is produced by the vague and often almost imperceptible discomforts from dyspepsia, or uterine irritation, than by the most ferocious trigeminal neuralgia or other severely painful excitation of peripheral nerves. In fact, mental or, to speak more exactly, moral or emotional symptoms are not infrequently the only prominent subjective phenomena of indigestion. Hughlings Jackson, in speaking of the sensations of the aura of epilepsy<sup>1</sup>, makes the following remarks which are to the point. "It is probable that the aura from the neighborhood of the epigastrium (sensation referred there, that is) is a crude and excessive development of visceral and other systemic sensations. However, if so, it seems strange that these sensations should, as is most common, occur in those cases of epilepsy in which loss of consciousness is, next to such warning, the first event in the paroxysm. For it implies that systemic sensations are first and most represented in the highest processes. Epilepsy, in which loss of consciousness is the first, or one of the first events, is often preceded not only by development of systemic sensations, but is attended by pallor of the face. Indeed, the experiments of disease seem to show that the very highest processes (those underlying consciousness) sum up and represent all lower processes of the body. The epigastric sensation, so-called 'aura' is variously described by patients. Some speak of it as a 'fear;' a woman, nineteen years of age, said it was 'a frightened feeling, as if I had done something wrong;' another patient said it was 'an undescribable feeling of horror.' Women at the change of

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1. *Brit. Med. Jour.*, Feb. 7th, 1874.

life, and other persons, will complain that they feel depressed, and as if they had done something wrong, and when asked the seemingly ludicrous question 'where do you feel it?' will put their hand over the epigastrium."

Without attributing any too much value to such cases, as those above cited, it may be safely said that they indicate very plainly the close relations of our subjective feelings with our systemic sensations, and are especially suggestive, as regards the moral sense, which, as we have shown before, must be regarded as a primary feeling of the individual. In all these cases, of the aura in epilepsy, women at the climacteric period, etc., the simultaneous experience of the feeling of horror, fear, or morbid sense of wrong-doing, and its reference to some distant viscus, show the intimate connection and the probable contiguity of the cerebral centres for these feelings, and those for the organic sensations from the said viscus, and seem to show that in localizing the one, we can also approximately locate the other. At all events, a locality is made to seem probable, or at least collections of ganglion cells serving these particular functions. If we take, in addition to the above, the sexual feeling, the one which has been experimentally located with some approach to exactness, we find abundant support for the proposition that the emotional faculties may be diseased, independently of the intellect. Reduced to its simplest expression, there is nothing properly emotional in this feeling; it is merely the subjective expression of a physiological want,—a *besoin*, as the French say,—and as such, it probably exists in the lowest animals that have a sexual existence. But, as we ascend in the scale of being, we find it essentially a cerebral endowment, dependent, to some extent, upon the reaction of peripheral organs in its development, but having a central seat, and liable to be disordered by central disease. It is peculiar in that it is closely allied to our feelings which have only a central organ, and it is also directly connected with an external and, as it were, a special sense. It, therefore, shows the close relations between our feelings and our sensations, if not their actual identity, as I hold. In its higher phases this feeling has a wider range of relations, and more to do with the motives of human action than any other, ex-

cept, perhaps, the moral sense. Now there is no other that is more plainly disordered at times, without any apparent intellectual trouble accompanying it. Besides the form or forms of insanity known under the names of *aidoiomania*, *erotomania*, *satyriasis*, etc., and which need not be accompanied by any intellectual aberration, we have some most curious and outrageous perversions of this impulse in otherwise sane individuals, indicating very serious derangement of the affections, such, for example, as the "contrary sexual feeling," or the passion that is sometimes displayed by persons for others of their own sex, etc. Much more might be said on this subject; it is a very extensive one, but it has been sufficiently alluded to for our present purpose.

In what has been said, I have tried to present the evidences that lead us to the conclusion that our inner feelings, among which I include the sense of moral rightness, may become independently disordered from disease of the brain. To prove more conclusively that such a condition as moral insanity may exist, it is worth while to look more particularly into the question whether this special form of feeling may alone be subject to alteration from disease. It may be admitted that certain of the feelings which man possesses as a thinking animal, may be altered or suppressed, and yet objection be made to the supposition that those higher qualities which especially invest him with the character of a moral and responsible being, the "image of his Maker," can be disordered through physical derangement, and that without any serious implication of his thought power or intellectual capacity. I have endeavored, while avoiding any indorsement of necessarily materialistic doctrines, to still so state the case that the argument might be equally valid if such were adopted. The somatic theory of insanity does not imply materialism; it would be truly unfortunate if we had to accept any doctrine involving the conclusion that the immaterial immortal part of our natures could suffer disease apart from its physical instrument, the brain. The moral nature is either the highest direct endowment of mankind, or it is the latest and best result of his long continued culture, and in either case its exercise is the highest function of his complicated cerebral machine. Is it not natu-

ral that such a mechanism might become just so much disordered as to fail in its more delicate performances while still doing good work of a lower grade? The argument based on the doctrine of cerebral localizations, in which I thoroughly believe, holds good in the case of this moral faculty or sense as in all the others. Still, in its stricter signification it is not an essential argument. The moral sense may be allowed to have its seat all over the cerebral cortex and in the basal ganglia, down the spinal cord and throughout the peripheral nervous system, and yet it may be affected separately from all other faculties, so far as the absolutely essential physiological and pathological conditions are concerned. Admitting that the exercise of this sense depends upon structure, and no other hypothesis seems possible, all that is really necessary are certain special receptive ganglion cells, and the power to transmit, it may be, special molecular vibrations over nerve fibres to the perceptive and intellectual centres, either of which, the ganglion cells or the conduction, may be liable to disorder.

There are some pathological and, indeed, I may say, some physiological conditions that are extremely suggestive as regards the possibility of disorder of this moral sense. Our dreams may be fantastic and incoherent, but they may be the reverse, the intellect may act in sleep with greater power and exactness than during our waking hours. The instances of remarkable mental performances during sleep are sufficiently well attested and, indeed, are not so extremely rare as to be beyond the experience of ordinary individuals. I have known a gentleman who, to commit to memory a passage even of some length, claimed that he had only to read it over once or twice at bedtime to have it well fixed in his memory upon awakening. I presume that very many individuals can relate much more remarkable instances than this in their own experience. The intellect is certainly active and often normal in its action; the feelings of joy, pain, fear, etc., are exercised as in the waking condition; all the animal and intellectual nature seems alive, but the conscience is practically dead, or only very exceptionally active, even in those usually most attentive to its dictates. We do things in our dreams without a compunction that would horrify us in any other condition, and I think there



are comparatively few dreamers who cannot personally support this statement. This immoral character of dreams has been noticed by many writers, from the old philosophers and Christian fathers, down to the present time. Dr. Laycock<sup>1</sup> accounts for it by supposing it to be due to a partial reversion; in sleep we are in the condition of the morally imbecile; the later acquired higher sentiments, less deeply implanted in our organism, are inactive and unable to repress the immoralities due to the excitation of the lower instincts. But, no matter in what way we attempt to account for the fact, it is a very interesting and suggestive one in this connection, and it possesses a certain value as supporting the view that it is possible to have a complete absence of the moral sense with perfect integrity of the intellectual functions.

In their relations to this question the facts of trance and somnambulism are much the same as those of dreaming, but they are even more instructive, in that they show how completely one or more faculties may be separately locked up and put out of action, and also in showing the connectedness and coherence of the intellectual operations during these conditions. Dreams are purely subjective, moreover, but these conditions may be studied objectively, a real advantage in this investigation. In these cases also the same absence of the moral sense as in dreams has been noticed; in the famous case of the French sergeant reported by Dr. Mesnet<sup>2</sup> a tendency to steal, a real kleptomania, was one of the prominent symptoms of the attack. Somnambulism is nothing but acted dreaming, and the same condition of the higher feelings is to be expected in one as in the other. The phenomena of the intoxication produced by various drugs are of much the same nature. By their use we throw the machine of our mind out of gear for the performance of its highest work—the reception of the dictates of our moral sense, and in the exercise of its lower functions of intellection and baser feelings it runs away, until even these are finally disordered and the whole apparatus breaks down. Certain stages of opium and haschisch intoxication are moral insanity in everything but the ele-

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1. On some Organic Laws of Personal and Ancestral Memory. *Jour. Mental Sci.*, July, 1875.

2. *L'Union Médicale*, July, 1874. Transl. in this JOURNAL, Jan. 1875.

ment of irresponsibility for its inception. Their short duration and voluntary cause put them in a legal sense out of this category, since we cannot hold a man legally irresponsible for being temporarily in an irresponsible condition, when he has voluntarily placed himself in it from unworthy motives.

In all these cases in which the theory applies of the repression of the moral sense by injury or suppression of function of its cerebral organ, like that which may occur to any of the external senses by lesion of their inner receptive ganglia, or like the loss of the signs of ideas in aphasia from injury to the third left frontal convolution, the subject may be absolutely ~~immoral~~ amoral, may have no receptive capacity for moral impressions, as seems to be often the case in dreaming. Moral insanity, as generally understood, however, includes another form of mental disease producing irresponsibility in which the moral impressions may be even acute, as such, but still be entirely without influence upon actions. The conditions of moral insanity, as I have defined it, exclude from consideration here all the cases of delusion, and also those of masked epilepsy which are really accountable for a large part of the cases of so-called homicidal, and otherwise criminal, impulse that are met with in the records of our courts of law. The subject of impulsive insanity must simply be under the power of an impulse too strong to be controlled by his will, guided by his reason. If his moral sense is involved, there is no reason to call the case one of impulsive insanity; the element of sudden impulse is not an essential one, and the explanation we have already given of moral insanity will suffice. Still, in these cases the lack of the check of conscience weakens the power to resist natural evil impulses, as we have already indicated, when speaking of the lack of the moral sense in dreams. There is, therefore, in the one case no necessary increase of force in the impulse, the lack of the most important stimulus to restraint is enough to influence conduct; in the other the morbid impulse is so pathologically intensified as to overcome the, perhaps, still normal moral will, and this latter condition constitutes the so-called impulsive insanity, properly speaking. There are relations and, perhaps, gradations between the two forms, but the principal feature which they possess in common is that the intellectual powers may remain unimpaired in either;

that disorder of intelligence, is not an essential part of the insanity.

To prove that this kind of insanity may occur, I shall have to use evidence derived from nearly every one's personal experience. We are all, or most of us, aware occasionally of irrational impulses which, however, are not sufficient to overcome our reason or sense of propriety. It is not necessary to give examples, they occur so often in normal individuals. When we try to analyze these impulses we may find some of them originating in an idea, or thought, not necessarily abnormal in its nature, but from which they have most completely cut loose, others may be connected with animal appetites, and still others are absolutely unaccountable, unless we adopt the views of the evolutionists and consider them as connected with ancestral traits, reversions due to the calling into action of some antique structure in the brain now normally past its usefulness, but retained as a useless inheritance from some forgotten ancestry. We seem to have such organs in other parts of our body, and it is not assuming too much to consider it possible that there are such in the brain. Then, in the lower animals, we notice what appear to be such ancestral tendencies; domestic cattle, that have never snuffed danger from wild beasts will go wild at the sight of blood, or become frantic at the mere odor of a menagerie. The objection is often made that it is a dominant idea that exists in these cases and, therefore, that we cannot consider it other than a disorder of the intellect. Some writers, who uphold fully the doctrine of moral insanity, Dr. Maudsley<sup>1</sup>, for example, have, by a somewhat unfortunate use of language, given, inadvertently, some support to this objection. To it I would reply that it is the dominant impulse, not the idea, that constitutes the disease; the latter may occur to any one without the first trace of the former, or if the impulse should exist, but remain under the control of the will, the case would not call for consideration here. The objection is a psychological error, and is a good example of the loose reasoning and confusion in regard to the use of words so often met with in the discussion of this subject. I cannot do better than quote the words

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1. Body and Mind, p.



of Maudsley<sup>1</sup>, when speaking of this insane impulse. He says : “ The physician who studies insanity as a disease finds, then, that he has mainly to do with the reflex action of the spinal cord, of the sensory ganglia, and of the ganglionic cells of the cerebral hemispheres, as causes of the morbid phenomena. There may be a consciousness of the reflex actions of these different reacting centres, and yet an inability to resist them, as there is notably a consciousness of the reflex action of the spinal cord with an inability to resist it. By an act of the will, a person may prevent the involuntary movement of his limbs when the soles of his feet are tickled, but the strongest-minded mortal could not prevent spasms of his limbs on the application of a stimulus if the excitability of the cord were increased by a dose of strychnia. A similar condition of the ganglionic cells which minister to sensation or idea, may be brought about by physical causes, and an idea or impulse, of which there is consciousness, may then become uncontrollable.”

With the exception of the use of the word “idea,” which seems to bring in intellection, the above passage indicates very correctly, it appears to me, the true explanation of uncontrollable morbid impulse. Just as the excitability of the cord may be increased by strychnia or in tetanus, so may that of the brain be augmented by drugs or various processes of disease. The pathology of this condition is not at all difficult to understand, and its possibility certainly cannot be denied on any *a priori* grounds.<sup>2</sup>

1. Homicidal Insanity. *Jour. of Mental Sci.*, Oct., 1863.

2. I have said nothing of the derangements of the moral sense in the direction of its exaltation or morbid excitation. Such cases have not the same forensic importance as those in which it is diminished or suppressed, and it is only following common usage to leave them out of consideration when speaking of moral insanity. Yet they undoubtedly occur, and have really as good a right to be considered in this class as the alterations in the other direction. Many cases of incipient melancholia, before any intellectual trouble appears, are accompanied with a morbid conscientiousness, —an excessive sensitiveness to moral impressions, to express it physiologically. But melancholia in all its phases is so commonly reckoned as an ordinary form of insanity, that its relations to that which forms the subject of this paper are hardly ever practically recognized. It seems probable for some reasons, moreover, that these cases of moral hyperæsthesia tend



Before I begin to especially take up and notice the objections that have been made to the recognition of such a disease as moral insanity, it may be well to offer a condensed statement of the points already made in this paper. They may be summed up as follows:

I. The brain is the instrument of the mind, the immaterial part of our nature, through which it receives impressions from, and reacts upon its surroundings.

II. Its functions may be classified as receptive and dynamic, the former comprising feeling (including sensation), and the latter intellection, volition, and the control of our other bodily organs.

III. The simplest product of intellection is an idea or a judgment based upon premises found in our feelings. These being thus antecedent in the order of development to intellection, must necessarily be independent of it.

IV. Among our feelings we find the moral sense, which, whether it is considered as a direct endowment from the Creator, or as existing in the species as a derivative from still other feelings, must nevertheless be admitted to be primary as far as the individual is concerned.

V. Like all the other senses or feelings, this moral sense must have its special mechanism in the brain for the reception of moral impressions. (For various reasons it appears that this apparatus is localized in some particular part of the brain. This, however, is not, in its stricter sense, an essential point; all that is requisite is that it have its special ganglion cells and connections.)

VI. This mechanism, like every other portion of the brain, is liable to be disordered, thus producing disorder of its functions. That this may occur without implication of the organs concerned in intellection is probable from the following reasons:

*a.* From analogy, since we know that other special faculties or senses may be separately affected;

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to a more rapid development of intellectual trouble, than the other perversions of this moral sense which put their subjects back, so to speak, into a state of nature, rather than prematurely advance them to an unnatural and irregular state of moral development.

b. Because the reception of moral impressions is the highest and best capacity of the human mind, the functions of its cerebral organ are consequently the highest and most delicate in the whole economy, and are not developed, at least to any extent, in any of the lower animals, which nevertheless give very decided indications of intellectual development. It is natural, therefore, to think that our brain mechanism may fail in this its most delicate work, while still meeting all lower demands.

c. The facts of dreaming, somnambulism and trance directly indicate that the moral sense may be suppressed or weakened without affecting the other mental faculties, or, at least, without directly embarrassing the intellectual powers, in so far as they are exercised.

VII. In the peculiar phase of mental disorder known as impulsive insanity, the disease consists in an increased excitability with diminished volitional control, increasing the force of certain morbid impulses to which even sane persons are liable, and diminishing the power of the patient to resist them. In persons of naturally weak will power, though not deficient in intellect, the condition of, at least partial, irresponsibility may be said to always exist. In this impulsive insanity, the moral sense may be acute, and the patients may strive to the utmost and yet be unable to resist the impulse.

In what has been said, I have not quoted a single illustrative case of the phase of insanity, the possibility of the existence of which I have tried to demonstrate. Such cases exist and are classic in our literature. The question, as stated in the beginning, is in regard to the interpretation of the facts. In many of the cases it is admitted that no traces of intellectual aberration were detected; that the test of insanity, by comparing the patient with his normal self, was fully met, and yet objection is made to their admission as evidence of the existence of the disease. To take this ground, it would naturally seem that the objectors ought to be able to present some valid *a priori* reason of its impossibility, a thing which, if there is any value to the arguments already adduced in this paper, is an impossibility itself. The objectors do not furnish anything as such, except the statement of the inseparableness of

the moral and intellectual faculties, which, as I have tried to show, is not a valid one, as affecting the question before us. We have abundance of observations of isolated lesions of faculties, memory of special events, languages, of the loss of speech, etc.; and the tendency of modern physiological investigation is to show that all our mental faculties are separately localized in special portions of the brain. The vagaries of unscientific phrenologists and quacks, which have so many times afforded an opportunity for a sneer to the opponents of the doctrine of moral insanity, will, therefore, hardly serve any longer to throw discredit upon the great principle of localization of cerebral functions, a misapplication of which is the basis of modern phrenology with all its quackish developments. But, as I have tried to show, strict localization, in the sense of having special functions limited to special corresponding regions of the brain, is not essential; all that is required is that there shall be separate ganglion cells, which may be disseminated all over the nervous system, and which may become specially disordered. Moreover, the moral sense, or whatever gives us the subjective basis for moral perceptions and judgments, belongs to a class of faculties that are to the mind what sensations are to the physical organism; they are the incitants of the mind's activities, the intellect is dependent upon them; but the relation is not a mutual one. There is nothing, therefore, to show the necessary unity in the sense implied in the objection, but every reason from analogy to lead us to conclude that the moral sense may be independently affected by disease.

Another objection that has been frequently adduced lately, is, that statistics do not show the occurrence of this form of mental disease; that in the records of our asylums there are no cases of moral insanity. According to the plan laid down in the beginning of this article, the argument being only for the pathological possibility of the occurrence of moral insanity, or, rather that it could not be proven an impossible occurrence, it is not essential to my case to meet this objection. I am very willing, however, to accept it for all it is worth, and see no difficulty in replying to it. In the first place, there is so much depravity in the world, that a case of moral insanity will pass without general remark, until by some delinquency it is

brought before the courts. Even when a man of high social standing suddenly changes completely in his character, without apparent cause, and from being an estimable citizen, becomes a perfect devil amongst his family and friends, the nervous symptoms are usually, if any exist, overlooked, and the past history of an insane temperament, hereditary psychoses and neuroses, disease of brain, etc., is ignored. It is only after marked delusions appear, or the morbid process in the brain has so extended as to implicate the organs concerned in intellection, and render the subject less vigilant and methodic in his madness, less mindful of the dictates of prudence, that he is committed to an asylum. I will admit that in cases of moral insanity there is generally, if not always, a tendency toward ultimate disorder of the intellect. Hence I consider the statement so often triumphantly made, that close and long continued observation of cases of so-called moral insanity will finally reveal intellectual disorder, as having no point whatever. The asylum physician is naturally hesitant about classifying a case as one of so dubious a form of disease as moral insanity, and hence, when one appears in which intellectual trouble is wanting, he keeps it under observation for an indefinite period, and when, at length, the delusion appears, it is straightway concluded that it had existed all the time. It might be just as reasonable to presume that it had existed from birth. When recovery takes place without this manifesting itself, it is considered, on the strength of these other cases, that intellectual disturbance was there, all the same, though it could not be discovered. In fact, it is much more a matter of surprise, under the circumstances, that, at the present time, a case of moral insanity is ever recognized in our asylums, than that so few are reported. Nevertheless, such cases do seem to be met with by perfectly competent observers; and some even of the disbelievers in moral insanity have reported cases that have cost them much laborious argument to prove that they were not instances of the disease.

We ought not, of course, to apply any severer test of intellectual soundness to these cases than to ordinary individuals; yet I fear this has often been done by alienists to relieve themselves from the necessity of admitting the existence of this



form of psychosis. When we consider how little difficult it would be to discover in perfectly sane persons, intellectual idiosyncracies which, in connection with special emotional disturbances, might suggest doubts as to their mental soundness, it is easy to see how they may be met with in the morally insane. I once knew a gentleman in good social position, and of more than ordinary general intelligence and information, who, like the John Hampden of the present century, steadfastly maintained that the world was flat. He was perfectly sane, a good reasoner, but on this point purely inductive and, like many other people, he was unwilling to generalize except from particulars within his own range of personal observation. His argument, however, appeared to me quite as valid as those against moral insanity based upon statistics. One case that cannot be overthrown is ample upon which to found the nosological species. If a single uncontestable instance ought to justify a belief in miracles to any reasonable skeptic, notwithstanding the fact that they seem to him to be opposed to all natural laws, how many cases are required to prove the existence of such a disease as moral insanity, the occurrence of which is perfectly in accordance with what we know of psychology and pathology.

The great sources of all objections, however, are the misuse of terms and misconceptions. One does not have to look far to find these, they are apparent in nearly every leading textbook. I have already noticed the carelessness with which Maudsley uses the word "idea." I will now pay a little attention to what is said by one or two others on the question in ambiguous language, or such as shows misapprehension of the subject. In my definition of the term "moral insanity," I tried to so express it as to exclude any possibility of any ones understanding by the words anything at all necessarily involving intellection. It was, in what followed, attempted to demonstrate that it is a perfectly legitimate physiological and psychological presumption that disease of the brain might so involve the cerebral centre for the reception of moral impressions as to disorder its functions, or even altogether suppress them. Intellection would of itself be unimpaired, but it would have only one less stimulus—it would be just as correct to call a congenitally blind man intellectually impaired, because he

could form no idea of color, and only a partial notion of form. Yet, in the latest edition of Wharton & Stillé's Medical Jurisprudence, §§ 531 *et seq.*, I find a lengthy argument, the summing up of which is that insanity cannot be psychologically shown unless it involves thought. If the authors would go a little further, and say it cannot be shown unless it involves acts, I would agree with them, but I would not then speak of it as essentially "physical insanity." These gentlemen say that the pyromaniac, for example, must form the idea of the act of setting fire to the house, that this involves intellection, and that the trouble is therefore an intellectual one. In this they completely ignore the source of the conduct, the insanity is not in the idea of setting fire, or in the act, but in the primary cause of both, the morbid impulse, or the lack of capacity to be morally impressed with the quality of the idea. To the same class of misapprehensions belong such as are indicated in the remark of Balfour Browne,<sup>1</sup> that "if a man does not know right from wrong he reasons badly," a remark that would seem to imply that no premises at all are required for moral judgments, and one which is a contradiction in itself, in so far as there is any difference whatever between knowing and reasoning. If there are any matters of which we have immediate knowledge, right and wrong must be among them. I certainly see no propriety in interposing any process of reasoning before their perception. Right and wrong are certainly not inherent qualities of acts, or even of thoughts in any essential sense; the importance of this question of moral insanity is in its forensic relations, in them the case turns on the question of responsibility, and responsibility depends solely upon the motives. There is no use, therefore, in speaking of the conceptions of criminal acts as constituting the disease, as do Wharton and Stillé, or as if right and wrong depended upon the correctness of the reasoning processes. I might quote many other passages from writers on this subject, were it of any use to do so; hardly any one is free from them. Of the quotations made use of in this article, there is hardly one, the language of which can be endorsed as sufficiently exact and definite.

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1 Medical Jurisprudence of Insanity, § 168.

I stated in the beginning of this article that to many minds society seemed to be put upon its self defence against this doctrine of moral insanity. There is an unworthy tendency, from which even scientific men are not altogether free, to apply to all such questions, where the general welfare of society seems to be in any way liable to become affected, the rule of expediency, and to avoid expressing apparently dangerous truths, and even to suppress them as far as possible. Whatever useful purpose this propensity may have served, and indeed it appears to be in the order of Providence that it exists, it certainly cannot command much respect as conducing to a very high standard of moral culture in the individual. To this propensity of human nature are to be credited the pleas that the recognition of such a form of disease as moral insanity can do no good and much harm, by elevating crime to the position of mental disease, and by affording a dangerous means of defeating the ends of justice. The first part of this plea—that the recognition of this form of disease will do no good—is an appeal to one's easy good nature to yield the point as one of no consequence. But if the disease really exists, the statement is not true, for irresponsible parties may suffer wrong by the non-recognition. The second part of the plea—that it elevates crime and defeats justice—is plainly a begging of the question, since it assumes that what is called moral insanity is always really crime, an assumption which, as I have tried to show, cannot be proven, and one which the objectors are not willing to invariably assert.

As for the court decisions and the opinions of lawyers in regard to this subject, which are revered to a certain extent by some writers, I allow them, simply as such, whether favorable or unfavorable, no authority whatever. The question, as here considered, is one of psychological medicine, it is not one of English or American law, and it does not recognize their fictions. Decisions are not law in medicine, and authority is only presumption.

In conclusion, I will state the case as it appears to me. There are on record, and come under observation from time to time, certain cases of apparent mental disorder, in which the symptoms point solely to a derangement of the moral faculties

without any intellectual impairment whatever. There appear to be no valid physiological or psychological reasons why this state of affairs may not exist due to disease of the brain. Still it is affirmed that these cases are not what they appear to be, that every case is either one of responsible moral depravity or that, whether detected or not, there exists some intellectual trouble of such a kind as to place it in the category of intellectual insanity. But until this is proven, and on those who make this wholesale affirmation that there is no such thing as moral insanity rests the burden of proof, I cannot positively refuse to admit that this form of mental disease may and does exist.